

***The Wyoming Colorectal Cancer Screening Program reimburses only the following CPT codes based on the most current Wyoming Medicaid rates  
Updated November 2016***

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<b>CPT CODE</b>	<b>Service Description</b>	<b>Max. Allowable Reimbursement</b>
99070	<b>Supplies and materials</b> -over and above those usually included with the office visit (list drugs, trays, supplies, or materials provided) - reimbursed at a percent of the billed amount (to be determined)	75%
99201	<b>Office visit</b> -New patient- Problem focused	\$39.44
99202	<b>Office visit</b> -New patient- Expanded problem focused	\$68.19
99203	<b>Office visit</b> -New patient- Detailed	\$98.04
99204	<b>Office visit</b> -New patient Op Visit for Evaluation & Management	\$150.75
99205	<b>Office visit</b> -New patient Op Visit for Evaluation & Management	\$190.79
99211	<b>Office visit</b> -New patient- Problem focused	\$19.16
99212	<b>Office visit</b> -Established patient- Problem focused	\$39..44
99213	<b>Office visit</b> -Established patient- Expanded problem focused	\$65.97
99214	<b>Office visit</b> -Established patient-Op Visit for Evaluation & Management	\$93.62
99215	<b>Office visit</b> -Established patient-Op Visit for Evaluation & Management	\$133.43
99241	<b>Office visit</b> -Established patient-Problem focused	\$49.76
99242	<b>Office visit</b> -New or Established patient-Expanded problem focused	\$93.62
99243	<b>Office visit</b> -New or Established patient-Low complexity	\$127.90
99244	<b>Office visit</b> -New or Established patient-Moderate complexity	\$193.32
99245	<b>Office visit</b> -New or Established patient-High complexity	\$231.48
99395	<b>Periodic Preventive Medicine Evaluation</b> 30-39 years	\$98.04
44389	<b>*Colonoscopy</b> -Fiber optic colonoscopy through colostomy; with biopsy and/or collection of specimen by brushing or washing	\$380.39
44392	<b>*Colonoscopy</b> - Fiber optic colonoscopy through colostomy; with removal of polypoid lesion(s)	\$414.30
45378	<b>*Colonoscopy</b> -Colonoscopy, fiber optic, beyond splenic flexure; diagnostic, with or without colon decompression	\$377.44
45380	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with biopsy, single or multiple	\$455.58
45381	<b>*Colonoscopy</b> -With directed submucosal injection(s) any substance	\$443.05
45382	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with control of bleeding (EG, injection, bipolar cautery, unipolar cautery, laser, stapler, plasma coagulator)	\$596.39
45384	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$446.37
45385	<b>*Colonoscopy</b> - Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$513.82

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45386	<b>*Colonoscopy</b> - Removal of Tumor(s) with dilation by balloon, 1 or more strictures	\$624.40
45390		
G0121	<b>*Colonoscopy</b> - Individual not meeting for high risk	\$377.44
46600	<b>*Colonoscopy</b> -Diagnostic Anoscopy SPX	\$72.24
A4550	<b>Surgical Tray</b> -(includes suture), purchase only	\$30.00
88305	<b>Pathology</b> -Level IV-Surgical Pathology, gross and microscopic examination	\$65.61
88312	<b>Pathology</b> -Special Stains-Group I for microorganisms(EG, gridley, acid fast, methenaine silver), including interpretation and report, each	\$87.35
88313	<b>Pathology</b> -Special Stains- Group II, all other (EG iron, trichrome), except immunocytochemistry and immunoperoxidas stains, including interpretation and report each	\$61.18
88342	<b>Pathology</b> -Immunocytochemistry (including tissue immunoperoxidase), each antibody	\$104.68
00810	<b>Anesthesia</b> -Intestinal endoscopic procedures CRNA minutes/15+5.00x21.00 (ex: 35min/15+5.00x21.00=\$153.00)	\$26.50xea+132.20
99144	<b>Anesthesia</b> - Mod Sedation Service (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patients level of consciousness & physiological status; age 5 or older, first 30 min ultra-service time	\$22.75
99145	<b>Anesthesia</b> -Moderate sedation services; each additional 15 minutes intra-service time (list separately in addition to code for primary service)	\$9.10
93000	<b>Electrocardiogram</b> -Routine ECG, at least 12 leads, interpretation and report	\$19.53
93005	<b>Electrocardiogram</b> -with interpretation and report; tracing only, without interpretation and report	\$10.32
93010	<b>Electrocardiogram</b> -with interpretation and report; interpretation and report only	\$9.21
36415	<b>Lab</b> -Collection of venous blood by venipuncture	\$2.58
80048	<b>Lab</b> -Basic Metabolic Panel (calcium, total) this panel must include the following: calcium(82310), carbon dioxide(82374), chloride(82435), creatinine(82565), glucose(82947), potassium(84132), sodium(84295), urea nitrogen (BUN)(84520) do not use 80048 in addition to 80053	\$9.67
80053	<b>Lab</b> -Comprehensive Metabolic Panel	\$13.29

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85014	<b>Lab</b> -Blood smear exam-Hematocrit (HCT)	\$2.40
85018	<b>Lab</b> -Blood smear exam-Hemoglobin (HGB)	\$2.00
85025	<b>Lab</b> -Blood smear exam complete (CBS), automated (HGB, HCT, RBC, WBC and Platelet count) and automated differential WBC count	\$9.85
85610	<b>Lab</b> -Prothrombin time (PT)	\$4.00
85730	<b>Lab</b> -Thromboplastin time, Partial (PTT); plasma or whole blood	\$7.54
	<b>Facility Fees - ACS Group 2</b>	
	<b>The following are alternative reimbursement codes that will only be reimbursed on a case-by-case basis upon review by WCCSP staff</b>	
45330	<b>Sigmoidoscopy</b> -with or without collection of specimen reimbursement allowed only if colonoscopy is incomplete	\$129.74
45331	<b>Sigmoidoscopy</b> -with biopsy and/or collection of specimen reimbursement allowed only if colonoscopy is incomplete	\$163.28
45333	<b>Sigmoidoscopy</b> -with removal of polypoid lesion(s) reimbursement allowed only if colonoscopy is incomplete	\$274.23
45338	<b>Sigmoidoscopy</b> -with removal of tumor(s), polyp(s) or other lesion(s) by snare technique reimbursement allowed only if colonoscopy is incomplete	\$304.46
45340	<b>Sigmoidoscopy</b> -with ablation of tumor(s) with dilation by balloon, 1 or more strictures reimbursement allowed only if colonoscopy is incomplete	\$443.79
74261	<b>CT Colonography</b> -Diagnostic including image post processing without contrast material reimbursement allowed only if colonoscopy is incomplete	\$240.50
74262	<b>CT Colonography</b> -Diagnostic with contrast material reimbursement allowed only if colonoscopy is incomplete	\$326.64
74263	<b>CT Colonography</b> -Screening reimbursement allowed only if colonoscopy is incomplete	\$0.00
74270	<b>Radiology</b> -Contrast Barium Enema, with or without KUB reimbursement allowed only if colonoscopy is incomplete	\$93.92
74280	<b>Radiology</b> -Air contrast with specific high density barium, with or without glucagon reimbursement allowed only if colonoscopy is incomplete	\$128.55

\* For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% of the allowable Medicaid reimbursement amount for the service of the highest cost, 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques.

The Wyoming Colorectal Cancer Screening Program CPT code set is updated at least annually and is available on the website <http://wdh.state.wy.us/phsd/ccp/index.html>